

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44308
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 5610

Registration District No.

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Registrar's No.

5610

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|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY TOWN | | | | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 21 EAST 29TH STREET | | | | Length of stay in lb 25 YEARS | | | |
| 3. NAME OF DECEASED (Type or print) First JEWELL Middle EMALINE Last DENEM | | | | 4. DATE OF DEATH NOV. 24 - 1957 | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH DEC-15-1906 | |
| 9. AGE (In years last birthday) 50 | | 10. MONTHS 0 | | 11. DAYS 0 | | 12. HOURS 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | | | 10b. KIND OF BUSINESS OR INDUSTRY NATIONAL BELLA'S DRESS | | 11. BIRTHPLACE (City and state or country) SEDALIA, MISSOURI | |
| 13a. FATHER'S NAME WILLIAM P. WHITE | | | | 13b. MOTHER'S MAIDEN NAME SARAH EMALINE SMITH | | 14. NAME OF HUSBAND OR WIFE EUGENE I. DENEM | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | | 16. SOCIAL SECURITY NO. 486-07-0999 | | 17. INFORMANT EUGENE DENEM Address 21 EAST 29TH STREET KANSAS CITY, MISSOURI | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOTAL ANEMIA | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | 490% |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OSTEOARTHRITIS | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Hugh H. Owens (Degree or title) 3 | | | | 22b. ADDRESS 1034 Pinalto Blvd | | 22c. DATE SIGNED 11-25-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| BURIAL | | NOV-27-1957 | | FLORAL HILLS CEMETERY | | KANSAS CITY MISSOURI | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | ADDRESS 1331 BRUSH CREEK KANSAS CITY MO. | | 25. DATE RECD. BY LOCAL REG. 11-27-57 | | 26. REGISTRAR'S SIGNATURE Frederic Marshall | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K E Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.